

A Case of Amyotonia Congenita. (Journ. of Nerv. and Ment. Dis., February, 1928.) Young, W. W.

The author reports an otherwise typical case of amyotonia congenita who had an extra-ocular palsy—a symptom not previously recorded. He discusses the differential diagnosis, and says that the subsequent course of the disease confirmed his diagnosis, but the strabismus did not improve.

G. W. T. H. FLEMING.

2. Psychology and Psycho-Pathology.

The Pathology of Conditioned Reflexes and the So-called Psychogenic Depression. (Journ. of Nerv. and Ment. Dis., April, 1928.) Ivanov-Smolensky, A. G.

The author describes experiments on conditioned reflexes in dogs, in which, when a series of four components was reversed or interchanged, the dog became incapable of forming a conditioned reflex to the new stimulus. As a result of this failure the dog developed a curious change in behaviour. It first of all became excited and noisy, and the salivary and motor reflexes became high and the reactions to the inhibitory signal more intense. By degrees this behaviour changed; the dog had to be dragged out of its cage, its head was lowered, its tail between its legs, its ears pressed to its head; it was "all huddled up." Outside the stand its behaviour was dreamy, languid and depressive. In addition it began to refuse food, and the sight and odour of food failed to produce adequate salivary and motor conditioned reflexes. Both artificial and natural conditioned reflexes were therefore inhibited. If it was possible to make the animal eat, it ate its food very slowly and there was an extremely small unconditioned salivary reflex. It was impossible to form a new conditioned reflex in the animal when it was in this state. The author then compares this condition in dogs with the reactive depressions so common in psychiatry. The cerebral hemispheres in these conditions are incapable of balancing the stimulations and inhibitions of the bio-social surroundings. There may be a prevalence of stimulative processes, giving a picture of general irritation and often leading to the development of a neurosis. If inhibition is the predominant note, this inhibition may spread to lower centres, interfering with digestion, secretion, etc.

The formation of new motor habits is impossible, and habits, even those which have been acquired in youth, are inhibited, including the most complicated social and professional habits. There is a general slowing of such movements as dressing and undressing, eating, and even the movements of speech. Patients in this state obstinately refuse food, their sexual activity is markedly reduced, and there is complete inhibition of active self-defence and a disappearance of interest in their surroundings.

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References

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